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Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (11-08)

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| **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS** | Application Number | 10/682,636 |
| | Filing Date | October 8, 2003 |
| | First Named Inventor | Brockton S. DAVIS |
| | Art Unit | 2454 |
| | Examiner Name | J. Park |
| | Attorney Docket Number | 324212003200 |

**To:  Commissioner for Patents**
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the practitioners of record;

☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or

☒ the practitioners of record associated with Customer Number: _____ 76102 _____

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

| | | | |
|---|---|---|---|
| ☐ 10.40(b)(1) | ☐ 10.40(b)(2) | ☐ 10.40(b)(3) | ☒ 10.40(b)(4) |
| ☐ 10.40(c)(1)(i) | ☐ 10.40(c)(1)(ii) | ☐ 10.40(c)(1)(iii) | ☐ 10.40(c)(1)(iv) |
| ☐ 10.40(c)(1)(v) | ☐ 10.40(c)(1)(vi) | ☐ 10.40(c)(2) | ☐ 10.40(c)(3) |
| ☐ 10.40(c)(4) | ☐ 10.40(c)(5) | ☐ 10.40(c)(6) Please explain below: | |

**Certifications**

*Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.*

1. ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.

2. ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.

3. ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

The practitioners have been discharged by the assignee/client. The assignee/client has requested transfer.

# REQUEST FOR WITHDRAWAL
# AS ATTORNEY OR AGENT
# AND CHANGE OF CORRESPONDENCE ADDRESS

**Complete the following section only when the correspondence address will change.** *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. ☐    The address of the inventor or assignee associated with Customer Number: _____

*OR*

| B. | X | Inventor or Assignee Name | Yahoo! Inc. | | | | |
|---|---|---|---|---|---|---|---|
| Address | 701 First Avenue | | | | | | |
| City | Sunnyvale | State | CA | Zip | 94089 | Country | U.S.A. |
| Telephone | 408-349-3300 | | | Email | readerc@yahoo-inc.com | | |

| I am authorized to sign on behalf of myself and all withdrawing practitioners. | | |
|---|---|---|
| Signature | /Robert A. Saltzberg/ | |
| Name | Robert A. Saltzberg | Registration No.   36,910 |
| Address | Morrison & Foerster LLP<br>425 Market Street | |
| City | San Francisco   State   CA   Zip   94105-2482   Country     US | |
| Date | March 12, 2010 | Telephone No.   (415) 268-6428 |

*NOTE: Withdrawal is effective when approved rather than when received.*

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